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PTO/SB/82 (01-06)

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| | |
|------------------------|---------------|
| Application Number | 10/795,812 |
| Filing Date | March 8, 2004 |
| First Named Inventor | Breda, Wayne |
| Art Unit | 3632 |
| Examiner Name | Wood, K.T. |
| Attorney Docket Number | Will Update |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
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OR

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I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|----------------|-----------|--|
| Signature | | | |
| Name | Wayne J. Breda | | |
| Date | 02-28-2008 | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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